TRU 1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

Confirmation No. 6530

In re Application of:

Kaesemeyer

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Serial No. 10/763,309 : Group Art Unit: 1614

Filed: January 23, 2004 : Examiner: Dwayne C. Jones

For: PHARMACEUTICAL COMPOSITION COMPRISING CITRULLINE

Date Mailed: March 24, 2006

I HEREBY CERTIFY THAT THIS SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE VIA FIRST CLASS MAIL UNDER 37 CFR 1.8 AND IS ADDRESSED TO MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450

Kathleen Pujol

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Documents Mailed:

Information Disclosure Statement (2 pages)

Form PTO-1449 (1 page) Cited References: (9) Certificate of Mailing

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the provisions of 37 C.F.R. 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the documents listed on the attached form PTO-1449. It is respectfully requested that the documents be expressly considered and that the documents be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

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					Complete if Known			
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)					Application Number		10/763,309	
					Filing Date		January 23, 2004	
					First Named Inventor		Kaesemeyer	
					Group Art Unit		1614	
					Examiner Name		Dwayne C. Jones	
Sheet	1	of	1		Attorney Docl	ket Number	126625.80	1
		1	U.S. I	PATENT D	OCUMENTS		2 4	
Examiner's Initials	Cite No.	U.S. Patent Document Number Kind Ci (if know	Code	Name of Patentee or Applicant of Cited Document		Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner's Initials	Cite No.	Foreign Patent Document Office Number Kind Code (if known)		Name of Patentee or Applicant of Cited Document		Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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,,	BB	WO 0056403			nen's Hospital	09-28-2000		
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Examiner Signature					Date Considered			

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

AUTHORIZATION

No fee is required. The Commissioner is hereby authorized to charge any additional fees which may be required for this submission, or credit any overpayment to Deposit Account No. 50-0436.

Respectfully submitted,

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